

State of Hawaii
Department of Commerce & Consumer Affairs
Cable Television Division
P.O. Box 541
Honolulu, HI 96809

COMPLAINT/INQUIRY FORM

Ms. ☐
Mrs. ☐
Mr. ☐ _____
 Your Name (Complainant)

Address (Forwarding, if applicable)

 City State Zip Code

() _____ () _____ () _____
 Residence Business Fax No.
 Phone No. Phone No.

COMPLAINT. Please type or print clearly your specific complaint against the cable company. Include photocopies of all pertinent documents (contract, letters, billings, receipts, or other relevant documents); and the names and telephone numbers of persons you contacted in trying to resolve your complaint. If you need additional space, continue on a separate sheet of paper and attach to this form.

Name of cable company against
whom this complaint is made: _____

Date(s) problem occurred: _____

Dates(s) complained to the cable company: _____

Person(s) to whom you complained: _____

Complaint: _____

An acceptable resolution to my complaint is (I understand that what I want as a resolution may not be within the authority of your office): _____

Your Signature

Date

Your Signature

Date